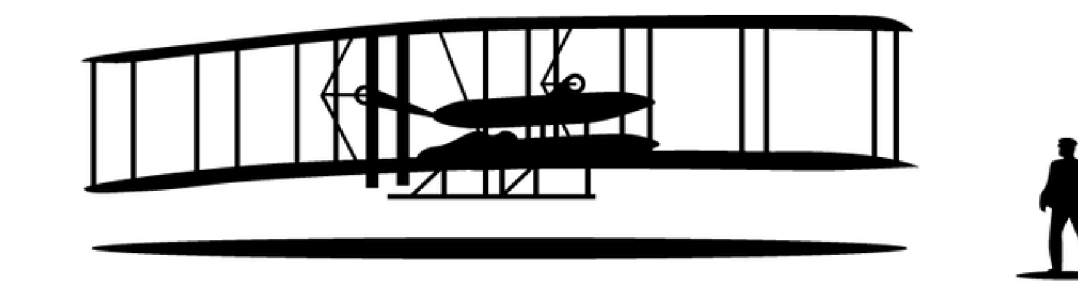


# Psychotherapy's Role in Evaluating the Invisible Wounds of Moral Injury

Ben Onnink, M.D., Matthew Correll, Andrew Correll, and Terry Correll, D.O.  
Wright State University Boonshoft School of Medicine, Department of Psychiatry



Boonshoft  
School of Medicine  
WRIGHT STATE UNIVERSITY

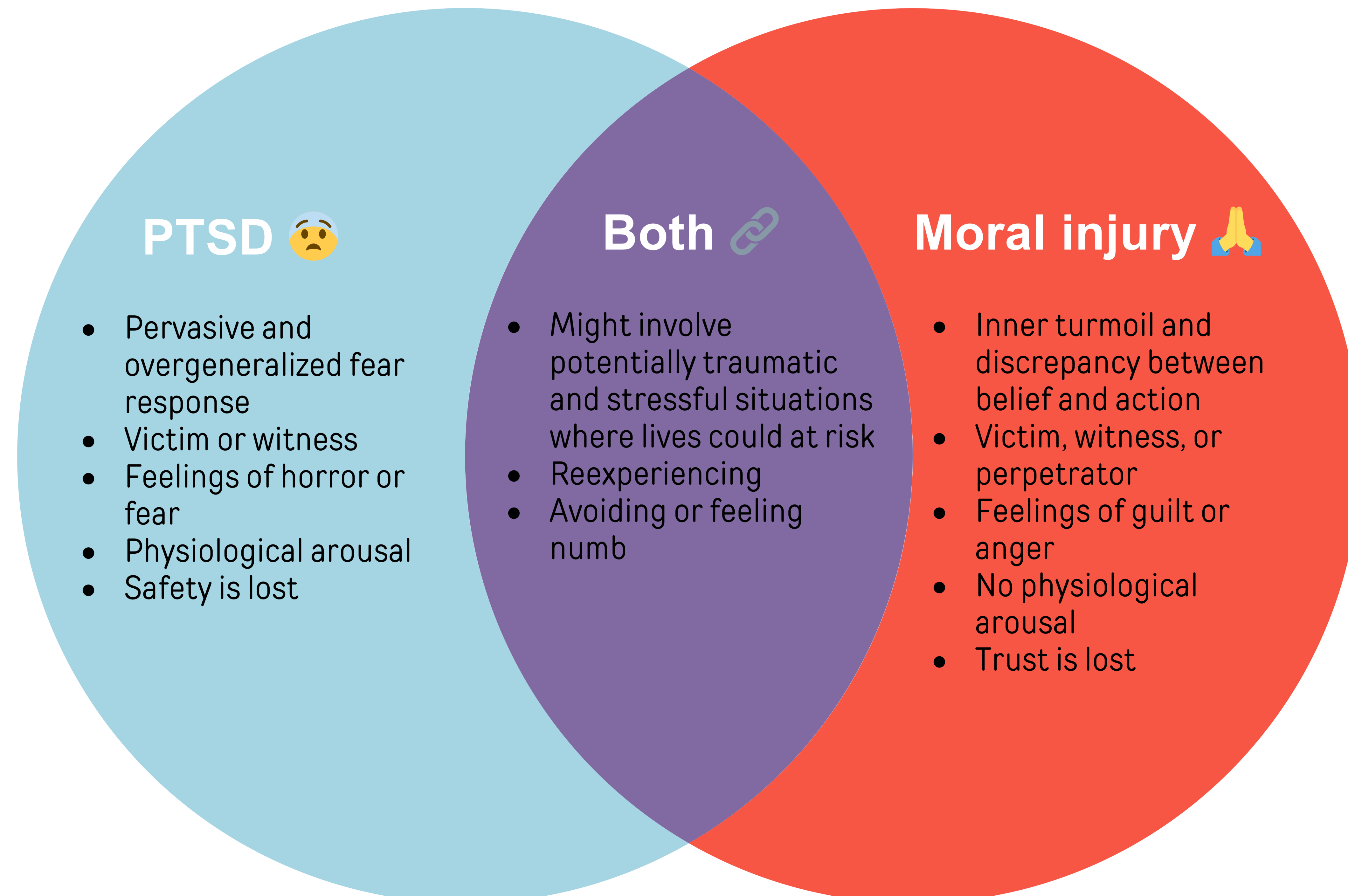


## Abstract

Moral injury is a relatively new concept with increasing interest to the academic communities of psychiatry, psychology, and religion. Moral injury was originally developed out of clinical work with combat veterans, however, it is not exclusive to this population. Similarities and important differences exist between moral injury and PTSD in the range of psychiatric pathology. Understanding situational precursors and risk factors associated with moral injury helps in addressing and treating moral injury in clinical settings. Kohlberg's stages of moral development can also provide a novel conceptualization for this unique condition.

## Definition

Moral injury is a profound and lasting insult to one's conscience caused by perpetration of or directly witnessing harm to another person in a high-pressure situation.



## Clinical Pearls 💡

- Whereas PTSD is the product of a persistent and overgeneralized fear response, moral injury is an overwhelming cognitive dissonance between one's self-image and their behaviors.
- Psychotherapists should not encourage oversharing of traumatic experiences until a sufficient therapeutic alliance is formed.
- Patients may feel shunned, rejected, or misunderstood when disclosing morally injurious events.
- Psychotherapists may consciously 🧠 or unconsciously 😞 feel if they treat those who have perpetrated morally questionable acts, it will excuse the behavior and make them complicit 😬.<sup>1</sup>
- Core 🌟 empathic behaviors like listening, reflecting, and gentle probing can foster a therapeutic alliance when working with moral injury. 💬
- Unidentified moral Injuries may partially account for some patient's lack of response to psychotherapy modalities for PTSD.<sup>2</sup>
- Moral injury is not a billable diagnosis in the DSM-5-TR or ICD-11 📄,<sup>3</sup> but scales like the Moral Injury Symptom Scale (MISS-M)<sup>4</sup> 📊 and Moral Injury Events Scale (MIES)<sup>5</sup> exist. 👉
- Low self-esteem 😞, low unit morale 😞, high anomie (lack of social or ethical standards) 🔄, high fear of death 🙏, and in-service concussion 🤕 were associated with elevated MIES scores.<sup>6</sup> Religious beliefs may be protective.
- Helping patients realize the world is morally imperfect might alleviate psychological distress in their present situations.
- Seeking guidance from colleagues could be wise if negative countertransference is developing within the therapeutic relationship.

## Conclusions

Positive psychiatry strategies used wisely in combination with healthy lifestyle interventions (lifestyle psychiatry) can provide important augmentation to traditional psychiatric 🧠 treatments to optimize the treatment plan for moral injury.



Please scan the QR code for citations and a pdf of the complete manuscript